THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. LXXVII. Thursday, October 3, 1867. No. 9.

STRANGULATED FEMORAL HERNIA—OPERATION—RECOVERY.

By John L. Sullivan, M.D., of Malden, assisted by Messrs. L. Woods and C. B. Shute.

[Communicated for the Boston Medical and Surgical Journal.]

M. E. W., aged 57; unmarried; stout, but not corpulent; always a healthy woman, though of sedentary habits. One year ago, strained violently at stool and produced a rupture on the right side, but as the "bunch," as she called it, which was of the size of a walnut, readily disappeared on moderate pressure, she neglected to apply for medical aid. In May last, the tumor having gradually increased in size, though still readily reducible, a truss was procured and worn with occasional intermissions till the morning of August 31st, when it was left off in consequence of the skin being badly chafed. At 11, P.M., she was attacked with colicky pains and vomiting, which continued during the night; was unable to reduce the hernia.

Sept. 1st.—First saw her at 6½ o'clock, A.M. Pulse 86; heat 99; countenance pale and anxious; skin cool and clammy; abdomen tender, swollen, and tympanitic; had taken an emetic of mustard and a purgative enema, and voided considerable fæculent matter; nausea and vomiting incessant. The matter vomited was yellow, homogeneous, but had no fæculent odor. A tumor in the right groin, more than twice the size of a hen's egg, rolled up over the fascia lata and Poupart's ligament, which was diagnosticated as a femoral hernia. It was firm, unyielding, slightly tender on pressure, and irreducible. Ice was applied to it, and an enema of starch and laudanum (one drachm) was administered, with the effect of quieting the colicky pains, although vomiting continued. At 8, A.M., patient was etherized and the taxis renewed, but without avail. She was then allowed to return to consciousness, in order that her friends, who lived at a distance, might be consulted with reference to an operation. Their consent having been given, at 5, P.M., the patient was again etherized, and an incision made from a point an inch anterior to, and a half inch below, the anterior superior spinous process, and carried parallel with Poupart's ligament to within half an inch of the spine of the pubes, and joining this another perpendicular incision from the superior border of the tumor, about two inches long. The flaps were then everted and the subjacent tissues divided, the scissors being used, when practicable, in preference to the scalpel, and the hernial sac exposed, which contained both omentum and intestine. An attempt was made to liberate the sac by incising the falciform process and the fascia lata so as to enlarge the saphenous opening. This proving insufficient, a few fibres of Gimbernat's ligament were divided and another effort made at reduction, which was only partially successful. The sac was then freely opened. About two ounces of serous fluid, slightly tinged with blood, escaped. This exposed some apparently healthy omentum and a large knuckle of intestine, between which and the sac were some adhesions which it was necessary to separate. The bowel was then gradually returned, and also, though with some difficulty, the omentum and a portion of the sac. The wound was then closed by the interrupted suture, the most depending portion being left open for the escape of pus; water dressing and compress applied. On her return to consciousness, ammonia and opium (two grains) were administered. Pulse 88. Heat 99. Respiration normal, and so continued till the 7th. 9.30, P.M.—No nausea, but regurgitation of yellowish fluid from the stomach; thirst. Ordered small pieces of ice and iced black tea, with milk and sugar, in teaspoonful doses.

Sept. 2d, 8.30, A.M.—Passed a comfortable night. Pulse 92; heat 100½; thirst; tongue dry; regurgitation continues, without nausea; no urine passed since 3, P.M., yesterday—drawn with catheter; wound looks well; abdomen not tender. Diet and dressings as before; opium (half a grain, p. r. n.). 10, P.M.—Pulse 102; heat 101; has passed urine, natural in color, without pain; no regurgitation since morning; thirst continues.

3d, 8.30, A.M.—Pulse 102, irregular; heat 102; wound somewhat red and swollen—no discharge from it; half the stitches removed; increased thirst. Citric acid in solution ordered; dressing and opium as before. Abdomen tympanitic, but not tender. A liniment of camphorated oil and spirits of turpentine to be applied every two or three hours. 10, P.M.—Pulse 112; heat 101; has passed, per rectum, large quantities of fœtid gas; abdomen less tympanitic; thirst relieved by citric acid; no appetite since operation, except for tea; wound inflamed.

4th.—Pulse 104; heat 102; passed a restless night; wound dry; surrounding parts swollen and attacked with erysipelatous inflammation. All the stitches removed, tincture of iodine applied and the parts fomented with infusion of chamomile flowers and alcohol (four ounces of the latter to one pint of the former). Continue opium pills and terebinthine liniment. Beef-tea freely, arrow-root porridge and black tea. 10, P.M.—Pulse 112; heat 100½; wound discharging; pus offensive.

5th.—Pulse 102; heat 100½; abdomen soft; wound more healthy and closing; purulent discharge less offensive. Discontinue opium.

6th, A.M.—Passed a disturbed night. Pulse 102, feeble; heat 98½; bowels moved freely without pain; feels very weak; abdomen nearly natural; wound discharging laudable pus and rapidly closing. Continue fomentations; beef-tea, wine whey and black tea. No opium. 10, P.M.—Restless. Bowels have moved twice—second dejection rather loose; urine high colored, and scalds a little; constant inclination to go to stool; tongue dry; some appetite; has eaten a slice of brick-loaf, with tea. Continue diet and fomentations. ℞. Opii pulv., ipecac. pulv., āā gr. i. M. Ft. pil. No. i. cap. statim.

7th.—Pulse 94; heat 100. This morning, threw up beef-tea, probably in consequence of having taken opium. Relished breakfast of tea and toast, subsequently.

16th.—Patient has steadily improved since last record. Can sit up for a short time, a compress and bandage being applied. Wound nearly healed.

This case illustrates two important principles which, experience has taught, should govern the practitioner in the management of strangulated hernia, and which, notwithstanding the fact that they are so obvious and well established, it can do no harm to reiterate: 1st, prolonged and forcible taxis is never justifiable; 2d, an operation should be resorted to as soon as it is evident that the bowel cannot be returned by gentle manipulation. The favorable result obtained in the present instance is in striking contrast to the unfortunate termination of a similar case which occurred in my practice about a year since.

Mrs. G., æt. 34, had femoral hernia on the right side for several years, during which she had worn a truss in the daytime. On rising one morning in July, 1866, the bowel came down, and she found herself unable to return it. Repeated and forcible attempts at reduction were made by herself during the ensuing twenty-four hours, but without avail. The next morning her family physician was sent for, who, failing to reduce the rupture, called me in consultation. An operation was advised and skilfully performed by Dr. G. H. Gay, too late, however, to save the patient. Sphacelus of the strangulated portion of the intestine was found to have already taken place. The patient died within forty-eight hours.

Another instance has come to my knowledge in which rupture of the intestine was produced by the violent efforts made by the physician in attendance. An operation was, however, attempted, but, on making the primary incisions, the subjacent tissues were found infiltrated with fæcal matter.

It is needless to state that in the present case the taxis employed was moderate, and was discontinued as soon as it appeared that the hernia was irreducible.

VACCINATION CICATRICES AND RE-VACCINATION.

By Chales E. Buckingham, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Interested as every one in the community is in the question which has lately been opened in the Journal, there are many in the profession who ask for more light. Each one who asks should be willing to contribute his own share to clear up the darkness, although he may run the risk of imparting a little shade. Being away from home, and far from well, I have no records by me from which to add to the statistical account. The papers of Dr. Cotting and Dr. Seaverns I have read with interest, and it is to be hoped that any other man who has an opinion at variance with the majority, will be willing to express it, and his reasons, if he has any. One is often compelled to hold such opinions, without being able to tell why, and results not infrequently show that he is right.

The severe personalities in the Journal of Sept. 19th, I must make up my mind to come in for a share of, when I say that there are points in the article of August 29th which seem as yet neither proved nor disproved; and that the two extracts which served as texts for that article, show only that medical men differ from other medical men.

The statistics in neither article are enough to prove anything, if taken alone; and unless we know the collector, and whether he has or has not a point to gain, we are obliged to go over his whole work. I have several statements to make, and expect that a few only will agree with me. 1st. I have vaccinated those who have never been vaccinated before, and who never had had variola, and with failure for the result. I have repeated the vaccination from the second (2d) week after birth, at various intervals, up to more than ten (10) times, and in one case over twenty (20) times without success; the result sometimes being a little soreness of the skin, sometimes severe soreness, sometimes even without any apparent irritation. The matter used in these cases has been good, if the fact that a portion of the same used successfully upon other arms be allowed as evidence. 2d. I have been led to question, whether the disease may not have taken the first time that some of these were vaccinated, and whether they may not have had vaccinia without vesicles; as many believe that their patients have had scarlatina without eruption, and measles without catarrh, and have been afterwards exposed over and over again, without apparently being able to have those diseases. There is, perhaps, no one symptom which must exist in every case of another disease. Why not in vaccinia? I believe I have seen variola without eruption. 3d. I have seen virus, taken from the same arm and introduced into two others, produce in the one case the most perfect, round, umbilicated vesicle, which without severity went through its regular stages; and, in the other, a state of general constitutional irritation, ending in suppuration, without the first sign of vesicle. 4th. I have known two cases of re-vaccination to terminate fatally. One of these must be fresh in the memory of physicians of twenty years' standing in Boston, on account of the criticisms made at that time. Yet it is well known that the gentleman in whose practice it occurred was a most cautious practitioner, and that, according to his account, the same virus did its work well in other cases. No physician for a moment doubted his statement. The second case was one which came into my own hands, vaccinated by a physician out of town, and the minutes of which, I think, were published some years ago. 5th. I always hesitate about re-vaccinating an adult more than about re-vaccinating a child, because I more often have seen severe symptoms follow it in the adult than in the child. 6th. I not infrequently have advised against re-vaccination, because of the severe symptoms often following when good virus had been used. 7th. If not susceptible of vaccinia, I believe that the thorough introduction of its virus into one man's arm will produce no effect; if introduced into another's arm, it may act as an animal poison and pyæmia may follow. 8th. It is not improbable, in my estimation, that the state of the patients' systems may explain many of the deaths following vaccination in rebel prisons. 9th. I have seen perfectly normal-looking vesicles followed by cicatrices both large and " small, circular (and irregular), marked with radiations and indentations " (Tweedie), and these afterwards reduced to the " miserable, flat, white specks," and have been unable to produce, in the possessors of these specks, anything but sore arms and headaches by re-vaccination. 10th. The history of vaccination for twenty years past in foreign armies is not enough to prove the success, or necessity, or impropriety of re-vaccination, any more than twenty years' absence of spotted fever in Boston, or than the successful result of quinine treatment of erysipelas and puerperal fever at the South Boston Almshouse is enough to prove anything.

It is to be hoped that gentlemen who have been unfortunate with the results of primary or secondary vaccination will be willing to give the profession their experience. No one should fear criticism of the honest practice which he has followed, and the community as well as the profession would be benefited by the publication of unfortunate results.

CONTRIBUTIONS TO MATERIA MEDICA AND THERAPEUTICS.

By John P. Mettauer, A.M., M.D., LL.D., Prince Edward C. H., Virginia.

[Communicated for the Boston Medical and Surgical Journal.]

Psoralea Eglandulosa of Elliot; and Melilotoides of Michaud. Congo Root, Bob's Root and Samson's Snake-root.

This plant belongs to the Leguminose family, and derives its name from the Greek *Psoralios*, scabiosus, scurvy, the appearance of the calyx. Its calyx is campanulate, five-toothed, sprinkled with glandular dots, lower segments a little the longest. Stamens, diadelphous. Legume indehiscent, one-seeded, slightly beaked, as long as the calyx. These are the general characters of this family.

The variety now under examination, termed Eglandulosa, is distinguished as follows. Stamen pubescent. Leaves trifoliate, leaflets oblong-lanceolate. Flowers in oblong spikes. Bracts broad, lanceolate, acuminate. Calyx very villous. Legume nearly orbicular, with transverse wrinkles. Purple. Dry soils. One to two feet high. Flowers in May and June.

The root, which is of the fusiform description, is the part of this plant possessing its most active medicinal properties, rarely exceeds in size the little finger of an adult, but is generally much smaller, and when dry is of a light brown color, corrugated on its surface, and slightly but pleasantly aromatic. Its interior is somewhat woody, with considerable farinacous matter interspersed, which renders the root exceedingly liable to the depredations of small worms. In taste it is slightly bitter, pungent, and aromatic; when chewed, imparting rather a pleasant than disagreeable impression to the tongue.

The leaves also, when chewed, impart a slight bitter, warm, pungent, aromatic taste, very little inferior to that of the root. Water, cold or hot, readily extracts the properties of the root and leaves, but they are most perfectly yielded to spirituous menstrua. Cold and hot infusions, or teas, and tinctures, are the only forms now in use for the employment of this agent. As far as the writer is informed, it has never been administered in substance.

The proper season for collecting this root is while the plant is in bloom, which in middle Virginia is from the first of June to the 15th of July. As the roots are dug up they should be carefully washed, and then dried in the shade. To prevent the depredations of worms, the roots should be placed in the sun for a few days after they are perfectly dry, or exposed to the heat of an oven about the temperature of 120° Fah. for half an hour.

As a therapeutical agent, the Psoralea is unequivocally a gentle stimulating tonic, seeming to exert also moderate nervine effects, very similar to those produced by black or green tea. In a peculiar manner it is applicable to the sub-acute irritations of the mucous membrane of the stomach and intestines (especially when that state has involved the mesenteric glands in some degree), attended with diarrhœa. It has been employed with great benefit in the chronic diseases of the bowels of the black population of the South, termed by that unfortunate race "Poison," the most prominent of the symptoms of which disease are diarrhœa, emaciation, want of appetite, an exceedingly dry and husky skin, hectiform fever, thirst, a heavily coated or preternaturally clean tongue, sunken eyes with remarkable whiteness of the conjunctiva, low spirits, great debility. A peculiar bleaching of the skin is noticed after the disease has continued some time, more particularly observable about the extremities of the fingers and cheeks. There is frequently cough. The pulse is generally accelerated, small, and more or less firm.

The irritation of the mucous membrane of the intestines and stomach very certainly involves the serous surfaces of those organs, as well as those of the thoracic contents and cavity if it continues long. And in a majority of instances the glands of the mesentery suffer sooner or later. Many of these cases, if permitted to run their course, end in dropsy of the abdominal and thoracic cavities, complicated with tuberculosis of their respective serous linings, suppuration of the glands of the mesentery, and phthisis pulmonalis.

In this affection the psoralea has been found eminently serviceable used in the form of tincture, of which there are several formulæ in use, especially the simple and compound. The simple tincture is formed of the root beaten into a coarse powder, or bruised according to the annexed formulæ. (No. 1.)—℞. Psoral. eglandul. contus., ℥ iv.; alcohol. dilut., ℔j.; digest for fourteen days. Dose from fʒ iii. to fʒ vi. (No. 2.)—℞. Psoral. eglandul. rad. contus., ℥ iv.; gillen. trifol. rad. contus., ʒ iii.; apocyn. androsæmifol. contus., ℥ ss.; anthem. nob. flor., ʒ ij.; alcohol. dilut. or French brandy, ℔j.; digest fourteen days. Dose, f℥ ss. to f℥ ii. Of this (No. 1) from three to six drachms may be taken three times daily in a gill of the tea of green willow twigs, or in a like quantity of the tea of freshly gathered leaves of misletoe—viscus flavescens—used cool.

This tincture is best suited to cases attended with great debility, diarrhœa, emaciation, and loss of appetite, and when judiciously timed is followed by the best effects. Its action is tonic, seeming very speedily to increase the strength of the patient, as well as to restrain the diarrhœa and improve the appetite. The willow boughs tea, as the vehicle, is particularly adapted to the diarrhœal state by reason of its astringent qualities, while that of the misletoe is better suited to cases attended with nervousness and diminished urinary secretion.

The compound aromatic tincture is applicable to cases of the disease, attended with a cool, dry skin, as well as debility, and a cough with purulent expectoration, diarrhœa, foul tongue without thirst. ℞. Psoral. eglandul. contus. rad., ℥ iv.; canel. alb. cort. contus., ℥ iss.; panax. quinquefol. rad. contus., ℥ iii.; cort. aurant. exsicc., ℥ ii.; gillen. trifol. rad. contus., ℥ iii.; alcohol. dilut. or French brandy, f℔j.; digest fourteen days. Dose ℥ i. to ℥ iii. Its action as a tonic and diaphoretic very soon restores, or improves the strength of the patient, as well as re-excites the secretory function of the skin, liver, and kidneys. In either case, should the bowels become torpid, or actually constipated, moderate quantities of the dry root of apocynum and rosæmifolium—dog's bane, or silk-weed—

may be added to this tincture also. This, if properly dosed, will meet the indication most pleasantly.

The psoralea is also valuable in some of the forms of dyspepsia, especially the examples attended with nausea and vomiting after meals. In these cases, in many instances, simply chewing the dry root immediately after a meal, and swallowing the medicated saliva, will prevent the nausea and vomiting almost invariably; and if daily used in this manner, it will speedily and certainly correct the gastric disorder upon which they depend. The simple tincture may also be employed in this affection when ardent spirit is not objectionable. Even an infusion or tea of the root, or herb, may be beneficially used in such cases, especially when spirit is deemed inadmissible. The writer has been informed of some very remarkable recoveries from dyspepsia of long standing during the employment of this unpretending and apparently simple remedy; and, from his experience with it, he regards it as one of our most valuable remedies when tonics are demanded in this afflictive disease. Future observations and trials may lead physicians hereafter to claim a more important position for it in the materia medica as a tonic, to which class of remedies it undoubtedly belongs.

The unripe fruit of the Persimmon—Diospyros Virginiana—has now been in use nearly thirty years, and its therapeutical value as an astringent has been fully established. In a vast number of instances it has been found eminently beneficial in the treatment of cholera infantum, the disease which first led to its employment as a therapeutical agent in 1837—as well as in ordinary diarrhœa both of children and adults. It has also been found highly beneficial in menorrhagic and other forms of uterine hæmorrhage unattended with fever. In many of these cases the astringents usually resorted to become so offensive to the stomach as to demand their discontinuance. Even opium, now and then, proves irritating to the stomach, and cannot be used. In these examples the tincture of the diospyros, taken in doses of two to four drachms properly diluted, three, four, or five times during the day, rarely fails to restrain the hæmorrhage, and without causing the slightest gastric disturbance. It is peculiarly adapted to the treatment of uterine hæmorrhage, so apt to appear about the period of the cessation of the catamenia, in which cases nausea and vomiting frequently occur, and render the use of ordinary styptics offensive to the stomach in its treatment.

In some cases of subacute gleet, spermatorrhœa, leucorrhœa, cystorrhœa, bronchorrhœa, and coryza, the green fruit of the diospyros has also been found eminently beneficial. In these affections the writer has used the remedy in combination with such therapeutical agents as are known to exert curative effects with them, especially diaphoretics, diuretics, expectorants and emmenagogues. And he has employed the tincture and syrup indiscriminately, yet he believes the latter is best adapted to gleet, bronchorrhœa and coryza. The tincture is best suited to uterine hæmorrhage, diarrhœa and leucorrhœa, but the syrup may often be employed very beneficially in those affections likewise, especially when the spirituous menstruum would be objectionable, as will sometimes be the case.

In some instances much benefit has been derived by combining the diospyros with tonics, especially when any of the affections which have been enumerated are attended with debility as well as laxity of the implicated organs. The combination of it with the balsam in gleet of long standing often puts an immediate stop to the discharge, after having employed that remedy for a length of time without benefit.

As a vermifuge its powers are by no means inconsiderable. Combined with syrup of rhubarb, and given in doses sufficient merely to increase the daily evacuations moderately from the bowels, it often proves decidedly beneficial as an anthelmintic. This combination the writer has been in the habit of employing for many years in verminous cases, and generally with satisfactory results; and it is his mode of using the remedy in the diarrhœa of young children. Indeed, the vermifuge effects of the diospyros were first discovered while employing it with the syrup of rhubarb in cases of diarrhœa in children. The remedy may be administered night and morning, regulating the quantity of the syrup of rhubarb so as to exert very gentle cathartic effects.

In asthma of subacute character, attended with copious discharges of mucus, the remedy is exceedingly valuable, combined with other remedies usually prescribed in that distressing affection. In combination with the syrup or tincture of lobelia inflata, and of squill, it constitutes a most valuable remedy. It both relieves cough and restrains the mucous discharges which so often accompany the disease. If the cough persist, the addition of suitable quantities of black drop may be employed with it, especially at night. This form of using the diospyros the writer has often resorted to in humid asthma, and generally with gratifying results.

The purity of the astringent principle in the unripe fruit of diospyros renders it safe in many cases of laxity in which inflammation exists, which would forbid astringents less pure and irritating. In many instances, laxity of the mucous membrane of the stomach, bowels, vagina, bladder, nose and mouth is of an acute character, and demands astringents for its correction; but the agents in general use are inadmissible because of the exciting qualities contained by them in combination with the astringent constituent. These are the examples in which the diospyros can be safely employed, either in the form of syrup or infusion. In fever it can be safely resorted to when the diarrhœa is rapidly exhausting the strength of the patient, without disturbing the course of the febrile reaction injuriously, or endangering the gastro-enteritic mucous lining from inflammation. Even in dysentery, when astringents are likely to prove beneficial, in the absence of acute symptoms, it can be safely used when other astringents would prove irritating and hurtful.

[To be concluded.]

ANÆSTHESIA—NEW RESEARCHES, STATISTICAL AND CHEMICAL, CONFIRMING THE DUTY TO USE ETHER INSTEAD OF CHLOROFORM.

By J. E. Petrequin, Ex-Surgeon-in-chief of the Hotel Dieu at Lyons, &c. &c.

[Translated and abridged from the French in *L'Union Médicale*, for the Boston Medical and Surgical Journal, by B. E. Cotting, M.D. of Roxbury.]

The choice between ether and chloroform for anæsthetical purposes must rest upon experience. In the history of the two, ether has made notable progress—both in methods of administration and in purification. Complete anæsthesia can be produced by it with certainty and safety. It is not so with chloroform! No method of administration has removed its dangers, and no purification of the agent has secured safety. In fact, it has not made progress in either respect, and still continues year by year to furnish its numbers of victims.

Inasmuch, therefore, as ether is equally effective in all cases, and has not the dangers of chloroform, it is, in strict logic, an imperative duty to use ether instead of chloroform as an anæsthetic.

This conclusion, apparently incontrovertible, has been attacked by a distinguished surgeon, who declares that "pure chloroform, properly administered, never kills." Now this is a mere assertion, which cannot stand in the face of known facts. And, first, when among those who have met with mishaps we find names prominent in science, for example, MM. Robert, Manec, Marjolin, Richet, Fano, Jarjavay, &c., in Paris; MM. Barrier and Bonnet, to say nothing of other colleagues, in Lyons; M. Languebeck, in Germany; MM. Lawrence, Gore, Lane, Bryant, &c., in England; who will dare to say that these men did not know how to administer chloroform? Are not these names in themselves a demonstration that there is no foundation for the pretended infallibility of the rules for its administration? Then, again, secondly, it will not do to assert that every accident presupposes *impurity*, without telling us in what the impurity consists. For, on the contrary, where accidents have happened, time and again, as in instances we cite,* the chloroform has been analyzed by most eminent chemists and found perfectly pure.

Thus then, on the one hand, it has not been shown that the presence of extraneous matters in chloroform has been the cause of death; while, on the other, it has been proved that its perfect purification has not in any degree diminished such catastrophes.

---

* In order to condense this paper, the citations in the original are omitted in the translation, and the conclusions only given. In one diastrous case, however, chemical analysis demonstrated the purity of the chloroform, which had been taken from a flask used successfully but a few moments before by a young girl.

Thus much established, nothing will better complete the parallel between ether and chloroform, or better determine the choice which ought to be made between them, than a comparative examination of the impurities they are each likely to contain, and their liability to produce disaster.

To begin with ether: it is well known that ether is the product of the reaction of sulphuric acid upon alcohol. Its principal impurities arise in the process itself. Thus ether may contain water, hydrated alcohol, heavy oil of wine, empyreumatic oils, sulphurous acid, and, at times, a trace of sulphuric acid, &c. The oil of wine may decompose, and give to ether an acid reaction, which has been attributed to sulphurous acid. Air in the flasks containing ether may also, in time, cause further decompositions, as into water and acetic acid. The oil of wine, and, above all, empyreumatic oils and sulphurous acid, take from ether its penetrating and agreeable odor, and its pungent and aromatic taste. Shaken with water, ether makes a turbid mixture if it contains oil of wine or pyrogenous oils. The presence of acetic, sulphurous, and traces of sulphuric acids may be detected by their reddening litmus paper. Sulphurous acid is especially recognizable by its action on the salts of barytes.

To purify ether, let it be washed in water which takes up, or, better, in a weak solution of caustic potash, which saturates all the acids; then distil it over lime from a water-bath, it being so volatile that it passes over first, at 96.5° Fahr., leaving behind the heavy oil of wine, water, hydrated alcohol, and the acids converted into salts by the potash. If below proper standard (63° to 65°, aréomètre de Baumé), it may be submitted to a second distillation.

Thus, as any one may see, there is nothing very deleterious here. These impurities may render etherization laborious, disagreeable, complicated with nausea and nervous excitation, but are not in themselves essentially dangerous. Besides, all these impurities may be removed by washing, and subsequent distillations carried to the required rectification.

To continue the examination comparatively; it is well known that chloroform is the result of the reaction of chlorinated lime on alcohol. Its principal impurities arise in the process itself, and from spontaneous decomposition. It may contain alcohol, chlorous water, hypochlorous and chlorohydric acids, ether, hydrocarbonated oils, aldehyd, fixed substances, &c.

To obtain chloroform pure, MM. Pelouse and Frémy (*Traité de Chimie*, t. v., 1865) state that it is sufficient to wash it in water, and distil with a water-bath. MM. Barreswill and A. Girard (*Dict. de Chimie Industr.*, t. ii., 1862) first wash the chloroform with water containing carbonate of soda, to remove the chlorine, aldehyd, alcohol, and to saturate the acids. On being allowed to rest, the chloroform separates and sinks to the bottom of the liquid. They then decant, wash anew until it reaches 48° (aréomètre), and then carbonize the oils and organic impurities with sulphuric acid, which is also removed by a final washing; after which they distil the chloroform from a water-bath over a solution of carbonate of soda, to saturate any acids that may have previously escaped removal.

The importance of the question at issue determined M. Pétrequin to institute, with M. Emile Chevalier, a pharmaceutical chemist at Lyons, a series of experiments, of which he gives the detailed results in the *Union.*[*] He concludes:—

Our experiments show that chloroform of commerce does not contain alcohol, ether, chlorine, hydrochloric or hypochlorous acid. It has a little formic and acetic acids, and perhaps a slight trace of aldehyd. As to the compounds of methule, the great dangers of which have been bruited so loudly, we repeat here that as M. Letheby, who called attention to them, himself avows that there are no reagents in chemistry capable of detecting such compounds, it is prudent to wait before final decision. Besides, a double washing is sufficient to remove them, if present.

In conclusion, it is evident that the danger lies in chloroform itself. If it kills, it is not because it is impure; *it is because it is in its nature a poison*—a fact shown unquestionably in experiments upon animals, as well as in human pathology.

In the actual state of science, then, the only way to avoid the censure of society, to secure the protection of justice, and, above all, to remain at peace with one's own conscience, is to discard forever a dangerous agent, which, every time that it is used, puts at hazard the fearful question of life or death.[†]

CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 174.]

If the face is the seat of the eruption, it may perhaps be impracticable to employ lotions with the same freedom as when the head is the locality affected, and our chief reliance must be upon ointments. But whether lotions or ointments are to be employed, those which have been suggested for the treatment of the complaint when developed upon the head of a young child, are equally important and valuable in our attempts to cure the same affection when it occurs on the face or any other region.

---

[*] Omitted in the translation for sake of brevity; so, also, statistics of casualties, more than two hundred, afterwards enumerated by the author.

[†] Appropriate to our subject are the memorable words of M. Amédée Latour:—"In face of disasters constantly accumulating, in presence of desolating fatalities increasing in number day by day, is it allowable to remain inflexible in positions, heretofore reasonable perhaps, *but which events too sad and numerous now require us to modify?* What is a position, be it ever so legitimate, compared with the life of the most insignificant of men? And is it not the absolute and supreme respect for human life which gives grandeur and dignity to our art?"

Treatment of Impetigo in the Adult.

When this eruption makes its appearance on any portion of the cutaneous investment of an individual who has arrived at maturity, it is in most instances a much more intractable disease to manage successfully than in patients only a few months or a few years old. The causes that give rise to it and perpetuate it in the adult are sometimes a little obscure in individual cases; or if apparent, it is not always an easy matter to remove or overcome them. The habits or employment and other surroundings of the patient may be so entirely antagonistic to good health, and withal so steadfastly fixed, that the physician in consultation encounters at the very threshold of his endeavors, obstacles of no mean weight and power which stand in the way of success. But as regards these impediments there is no door of escape. They are to be endured; and the physician is expected to proceed and to cure, or peradventure forfeit the confidence of the patient and his numerous sympathizing friends. With these possible circumstances in view, let us consider the best means of cure.

The condition of the system generally is the first thing to be ascertained; and if there is any irregularity in the functions of any of the internal organs, these are to receive attention, and then the way is prepared to make a direct attack upon the cutaneous lesion.

In very many cases that present themselves, the eruption is quite limited in extent and is chronic, and the sides of the face seem, as if by preference, to be the parts most frequently implicated. If the local inflammation is mild, and the patient otherwise in good health, there is no objection to the immediate use of some arsenical preparation internally. For this purpose the choice may be Fowler's solution, at the rate of twelve minims a day, or one Asiatic pill a day for three or four weeks, unless some gastric disturbance is produced by the mineral. After its employment for the time above mentioned, it should be taken in the same quantities every other day only, and in this way continued for six or eight weeks longer. It will be good practice to combine the internal administration of cod-liver oil with the arsenic. A common tablespoonful two or three times each day will ordinarily agree well with the patient and promote his recovery.

With regard to diet, no special care is requisite other than to have the patient live on good, substantial food. Nothing can be gained in any case by a starvation plan in the daily allowance of food. Stimulating drinks, of course, are to be prohibited. If the patient's health is below a fair standard, it will be advisable to prescribe for him some ferruginous preparation, such as the judgment of the practitioner may prefer. The tincture of the chloride of iron is our choice, then the citrate of iron and quinine, tartrate of iron and potassium, or mistura ferri composita, the latter in pretty large quantities if anæmia decidedly exist.

The liquor hydriodatis hydrargyri et arsenici (Donovan's solution) is recommended by some authorities; but it is an exceedingly potential agent, and is not very uniform in its effects, nor yet manageable, and will seldom act in a way to warrant its employment for any length of time. After a few doses of only a few drops each, the stomach is apt to manifest great repugnance to its presence, and its use has to be abandoned. Such, at least, has been our experience with it.

If the complaint originates in a venereal diathesis, as is but too often the fact, it may be expedient to administer minute quantities of the bichloride of mercury in conjunction with the iodide of potassium for several weeks, or the mercury may be alternated with some of the preparations of iron, or with some of the mineral acids.

Local Treatment.—Whatever part is affected, ointments of different kinds are the chief local means to be employed. Of these are several which stand about on an equality with each other. If the case is an ordinary one, and not attended with a great amount of inflammation and pain, the nitric oxide of mercury ointment may be applied. **℞.** Hydrargyri oxidi rubri, ℈ i.; pulveris camphoræ, ℈ ss.; glycerinæ, ʒ i.; unguenti benzoati, ℥ ij. M. The diseased surface is to be kept constantly covered with a portion of this ointment, which should be renewed three or four times in the twenty-four hours.

In the chronic stages of the eruption, good results will follow the frequent use of a local steam-bath, which can be administered by the patient himself by means of a wash-bowl of hot water and a napkin. Let some eighteen or twenty minutes be devoted to this procedure, and the oftener it is repeated the greater will be the benefit. It will keep the diseased surface free from incrustations, and will also greatly tend to diminish the local engorgement of the capillaries and equalize the circulation in these vessels. In the earlier stages of the complaint, and while the inflammation is at a high point, this remedy is not beneficial.

The oxide of lead is a valuable discutient application in old cases, where there is a good deal of thickening and infiltration of the integument, and more especially if there is chronic glandular swellings in the cervical region; and it is appropriate for individuals of all ages. **℞.** Plumbi iodidi, ʒ ij.; pulveris camphoræ, ℈ ss.; unguenti simplicis, ℥ ij. M. The iodide of sulphur is an ingredient of well-known efficacy in the local treatment of this eruption. The following is a suitable formula:—**℞.** Sulphuris iodidi, ℈ i.; pulveris camphoræ, ℈ ss.; olei bergamotæ, gtt. x.; unguenti simplicis, ℥ ij. M. There is another preparation of sulphur which is entitled to confidence. It has for many years borne the test of a large experience in almost every medical man's practice in this country; and in presenting it in this connection we bring to mind an encomium once passed upon it in our hearing by an eminent surgeon, who, speaking of it as a local remedy, said that "it would cure anything." The formula is as follows:—℞. Pulveris ammoniæ chloridi, ʒ i.; olei camphorati, ʒ i.; glycerinæ, ʒ ij.–iij.; sulphuris sublimati, unguenti simplicis, āā ℥ i. M. The quantity of glycerine can be varied at pleasure, according to the desired consistence of the ointment. The ammonia should be reduced to an impalpable powder before being mixed with the other ingredients. This preparation is particularly adapted to the disease when it is in a chronic state and situated on the face or head.

[To be continued.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, OCTOBER 3, 1867.

MEDICAL EDUCATION—CIRCULAR TO MEDICAL COLLEGES.

Our readers will remember that at the Convention of Delegates from American Medical Colleges, held in Cincinnati just before the last annual meeting of the American Medical Association, a series of resolutions was adopted, after considerable discussion, which proposed very important and radical changes in the system of instruction generally followed by our medical schools. We printed the resolutions at the time, and commented favorably upon some of their features. The Committee do not propose to rest from their labors after securing the passage of these resolutions, thus giving expression to their opinions merely on this important subject, but they have taken steps to secure, if possible, some definite action in accordance with these suggestions, on the part of the medical schools of this country. Accordingly, they have addressed a circular to the Faculties of these schools, containing the resolutions in question, accompanied by some explanatory remarks, and asking for immediate, and, if possible, harmonious action in the premises. In order to present the subject fairly to our readers, we re-print the resolutions as they appear in the circular:—

Resolved, 1st. That every student applying for matriculation in a medical college shall be required to show, either by satisfactory certificate, or by direct examination by a committee of the Faculty, that he possesses a knowledge of the common English branches of education, including the first series of mathematics, the elements of the natural sciences, and a sufficient knowledge of Latin and Greek to understand the technical terms of the profession; and that the certificate presented, or the result of the examination thus required, be regularly filed as a part of the records of each medical college.

2d. That every medical student shall be required to study four full years, including three regular annual courses of medical college instruction, before being admitted to an examination for the degree of Doctor of Medicine.

3d. That the minimum duration of a regular annual lecture term, or course of medical college instruction, shall be six calendar months.

4th. That every medical college shall embrace in its curriculum the following branches, to be taught by not less than nine professors, viz.:—

Descriptive Anatomy, including dissections; Physiology and Histology; Inorganic Chemistry; Materia Medica; Organic Chemistry and Toxicology; General Pathology, Therapeutics, Pathological Anatomy and Public Hygiene; Surgical Anatomy and Operations of Surgery; Medical Jurisprudence and Medical Ethics; Practice of Medicine; Practice of Surgery; Obstetrics and Diseases of Women and Children; Clinical Medicine and Clinical Surgery; and that these several branches shall be divided into three groups or series, corresponding with the three courses of medical college instruction required.

The first, or *Freshmen series*, shall embrace Descriptive Anatomy and Practical Dissections; Physiology and Histology; Inorganic Chemistry and Materia Medica. To these the attention of the student shall be mainly restricted during his first course of medical college instruction, and in these he shall submit to a thorough examination by the proper members of the Faculty, at its close, and receive a certificate indicating the degree of his progress.

The second, or *Junior series*, shall embrace Organic Chemistry and Toxicology; General Pathology, Pathological Anatomy, Therapeutics and Public Hygiene; Surgical Anatomy and Operations of Surgery; Medical Jurisprudence and Medical Ethics. To these the attention of the medical student shall be directed during his second course of medical college instruction, and in them he shall be examined at the close of his second course, in the same manner as after the first.

The third, or *Senior series*, shall embrace Practical Medicine; Practical Surgery; Obstetrics and Diseases peculiar to Women and Children; with Clinical Medicine and Clinical Surgery in a hospital. These shall occupy the attention of the student during his third course of college instruction, and at its close he shall be eligible to a general examination for the degree of Doctor of Medicine.

The instruction in the three series is to be given simultaneously, and to continue throughout the whole of each annual college term; each student attending the lectures on such branches as belong to his period of progress in study, in the same manner as the sophomore, junior and senior classes each pursue their studies simultaneously throughout the collegiate year in all our literary colleges.

5th. That every medical college should immediately adopt some effectual method of ascertaining the actual attendance of students upon its lectures and other exercises, and at the close of each session, or of the attendance of the student, a certificate specifying the time and the courses of instruction actually attended, should be given, and such certificate *only* should be received by other colleges as evidence of such attendance.

On the great importance of a primary education before matriculation in our medical schools, we strongly insisted in an article in this JOURNAL some time since, as the only barrier which can be erected to keep out obviously unfit and incompetent persons from the brotherhood of physicians. It is our impression that there has been a gradually increasing laxity in this important matter, and the result has been greatly to reduce the standard of preliminary qualification which ought to be exacted of every one who enters the profession of medicine with any other ambition than to make it a mere trade. Such laxity, we know, is in accordance with the spirit of the age, and therefore there is all the more need that established and respected medical institutions should do their utmost to resist the current, and by a wise conservatism show that they deserve the confidence of the community as disinterested protectors of some of its most vital interests.

The suggestion of the second resolution seems to be made necessary if the plan of the fourth is adopted in all of its details. No one can doubt that a year added to the term of study which has heretofore been considered sufficient would be a most important gain to the student. As it is, numbers of graduates of American schools add to the three years of study here several more in the leading schools of Europe, and find this delay in commencing practice made up to them in tenfold measure by the superior fitness it gives them. Nevertheless, it is to be remembered that up to the present time the majority of our physicians have begun practice at the end of three years' study, and that there must be a large number of students who will find the added year an almost insuperable bar to their entering the profession at all. We therefore have our doubts of the expediency of requiring, at the present time, one more year of study. We should rather favor, by superior methods of teaching and a more thorough testing of the student's attainments from time to time, a better use of the term of instruction now generally in vogue. And this brings us to the suggestion, which we consider one of the best in these resolutions, that of an annual examination of each student on the studies of the previous year. This, we think, must commend itself to all as a most admirable test of progress, and most excellent for the student; for the ambitious and industrious one, as assurance to him of the amount of his attainments and an encouragement to persevere; to the negligent or over-confident, as showing him his weakness and the danger he incurs of finding himself at the end of his term of study minus a diploma. This provision meets with our most hearty approval.

The fixed distribution of the subjects of study among the different classes of students is another feature in the plan of the above resolutions worthy of general adoption. It is true such a course is to some extent adopted, but there is a want of uniformity certainly in this respect in different schools, and, if we are not mistaken, too much is left to the discretion of the student.

The fifth resolution is a very important one also, but one, we fear, which it would be most difficult to carry into effect. There is a certain spirit of freedom (to call it by its most polite appellation) among medical students as a class, which it will be found most difficult to restrain within the limits which it prescribes. *A priori* there seems no good reason why students of medicine should be exempt from the restrictions which students of other professions are subjected to; and it undoubtedly would be greatly for their advantage in point of acquirements if they could be brought to see the wisdom of such restrictions. The experiment certainly is one worth trying, if it can be attempted with any prospect of success; but medical teachers alone can say what likelihood there is of making it acceptable to their pupils.

The Committee, at the close of their circular, address the following inquiries to the different colleges:—

1st. Do your Faculty, together with the governing authority of your college, approve of the several propositions as a whole?

2d. If you do not approve of the plan of revision as a whole, what changes would you suggest?

3d. If you approve of the plan as a whole, or all of its essential features, will your college be ready to adopt it practically, and issue your annual announcement for the college term of 1868–69 in accordance therewith; provided all the principal medical colleges in this country (or at least those in the cities of Boston, New York, Philadelphia, Baltimore, Richmond, Charleston, New Orleans, Louisville, Cincinnati, St. Louis, Chicago, Buffalo and Albany) will agree to do the same at the same time?

The circular is signed by the Committee, Drs. N. S. Davis, S. D. Gross, George C. Blackman and F. Donaldson. We commend it to the careful consideration of our readers.

The Supposed Vegetable Origin of Cholera.—The researches of Professor Hallier, of Jena, and Professor Klob, of Vienna, have revived once more the question of the possible origin of cholera from minute entophytic growths in the intestinal canal and the evacuations of cholera patients. The subject is still undergoing investigation, but enough has already been discovered to quicken the enthusiasm of all earnest inquirers after the truth with regard to this important subject. From an interesting article on the subject in a recent number of the London *Lancet* we quote the following passages:—

> Mr. Simon, it will be recollected, drew the attention of the Pathological Society, at one of the May meetings, to the importance of the observations of Professor Klob and Dr. Thomé on the cholera yeast. Since that time Professor Hallier has published the results of his researches in a separate form, and they are embodied in the recently issued report of Mr. Simon. The occurrence of torula-like cells in cholera, and indeed in many different diseases, is no novelty; the interest attaching to Hallier's statements consists in the fact that his cholera fungus is altogether special in origin, in nature, and in behavior, whilst concomitant circumstances lend great probability to his main assertions. * * * Hallier's observations were made in 1866–67 at Berlin and Eberfeld on cholera vomit and stools. The peculiar vegetable elements in the stools consisted of fine filaments, which were found in the upper part of the fluid, and of cyst-like bodies which were highly refractive, of yellowish or brownish color, and which sank to the bottom. The cyst-like bodies contain highly refracting colored spores, which after a time become free by the rupture of the cell-wall. The spores then divide and subdivide, giving rise to collections or little heaps of small cells, and Hallier calls these "colonies" of micrococcus. The smallest cells attach themselves to particles of animal matter, and seem by their growth to lead to their destruction. From the same cells torula forms develop and finally pass into the oïdial stage. In cultivating the fungus in sugar Hallier obtained *mucor* and *penicillium*-like growths; on starch paste the result was much the same, and on muscular tissue the cyst form was more marked; the fungus grown on paste which had been boiled with tartrate of ammonia led to the formation of the cysts in their most perfect condition, and the counterpart of the Urocystis occulta which infests cereals was produced. It is this latter form (urocystis) which Hallier has never been able to produce artificially from oïdial forms of fungus, but only from cholera stools. These facts have led Hallier to believe that this particular form is peculiar to cholera evacuations, and that it is the active agent in the evolution of the disease. From the fact that it requires a high temperature for its development, he believes moreover that the urocystis is not and cannot be acclimatized in Europe, but that it travels in the intestines of cholera patients from India, and finds in summer the necessary temperature for its increase. The fact that it requires the presence of nitrogenized matter for its growth is another interesting point in reference to the well-known influence of water and air poisoned by excrementitious matter in aiding the outbreak of cholera. * * * * * The urocystis is a form of blight common on rice; and Hallier believes that it finds its way to the human intestines from the diseased rice plant. This view of the matter derives interest from the view propounded by Dr. Tytler many years since—that the use of diseased "ergoted" rice induced cholera. Hallier has attempted to experimentalize on this point. He planted rice under conditions similar to those which obtain in India, and watered them with cholera stools. The rootlets of the plants were soon found to be perforated by fungus threads, and the cells of the intercellular spaces became rapidly invaded by "micrococcus" elements, whilst the tissues themselves began to atrophize; but the attempt to obtain the cyst form was unsuccessful. Still the stage anteceding its formation was distinctly reached. The field of experiment open is, in truth, a vast and promising one; and it is to be hoped that some thoroughly scientific work will be at once undertaken in this matter. We must admit, then, that in the intestinal contents in cholera has been found a special form of fungus analogous to that which produces "blight" in rice; and that probably the two may be related with regard to source.

From an interesting note recently received from our "ancient" friend, as he styles himself, Dr. Walter Channing, we print the following extracts:—

The case of dangerous vomiting in pregnancy, in your last number, was read with great pleasure. I have had many such, and found relief and recovery after trying the following:—℞. Aquæ calcis, ℥ij.; cow's milk, ℥vi. M. A teaspoonful every hour. One case was new to me. Mrs. ——, two months pregnant, could swallow meat and keep it down for an hour or more, and then would throw it up as fresh and as solid as when swallowed. She was emaciated, &c. I prescribed the above, and recovery was perfect. * * * * *

I am now writing upon the dangers of the *stage of convalescence* in typhoid. I give seven cases, five of which were fatal. One of them was the case of one "*dear to my heart and near to my blood*"—Rev. Dr. W. E. Channing—in which are discussed some of the most important questions concerning that disease, more especially the stage of *convalescence.* I do not find that this most important subject has been treated by writers on typhoid.

One question considered is this:—How far is rapid recovery from old *constitutional states*, or diseases, a cause of *new* and dangerous disease? My brother's case has a very important bearing on this subject.

The following letter from Dr. Harris with regard to a peculiar disease among the emigrants on board the Minnesota, in New York harbor, appears in the public papers:—

Bureau of Vital Statistics, September 29, 1867.

Permit me to correct a misapprehension concerning the disease that prevailed among the emigrants on the steamer Minnesota, for neither the writer nor Dr. Crane termed it a "plague" or a "dreaded epidemic;" but both of us expressed the opinion that the sickness was not personally contagious. Though the disease was very fatal, it has proved entirely harmless to all the nurses and other persons who have attended the sick. And, in our statement to the Board of Health, we simply gave the reason for not asking that the Minnesota's passengers should be any longer shut up with death.

The Health Officer of the port, and Dr. Bissell, the Medical Officer of the hospital ships, expressed their wish to set the passengers free from quarantine. We stated sufficient reasons for granting permission, and plainly expressed our opinion of the comparative harmlessness of the disease when the sufferers should be set free from the crowded decks. Thorough investigations concerning this sickness are in progress, and the result of what has been ascertained will be laid before the Board of Health, next Thursday. And we will now state that if this sickness should turn out to be the "virulent purple fever" which now prevails in Ireland, the public need not be alarmed, for we are informed by Dr. Mapother, the learned Chief Medical Officer of Dublin, that he has seen "no reason to regard the disease as being communicable." That disease is an endemic which depends upon undiscovered local and atmospheric causes; and as it manifests itself in two forms that are very different in their symptoms and appearance, one of which resembles what he found in the Minnesota's passengers, the writer stated this fact to the Board.

Another form of the disease is known as "cerebro-spinal meningitis," "spotted fever," &c. But the Minnesota's endemic presents some peculiarities that make it inexpedient to pronounce at once upon its whole character. The public can safely trust the care of the disease to the sanitary autherities, and in due time receive a full and satisfactory account of it, as every case is being carefully investigated. The history and essential character of this strange, but non-contagious visitor, are understood, and the facts concerning it will reach the public through the proper channel.

E. Harris, M.D.

Mr. Spencer Wells, the distinguished ovariotomist, has just made a flying visit to this country, returning home by the steamer of the 25th ult. While in New York, he delivered a lecture on Ovariotomy at Bellevue Hospital Medical

College, which was listened to with much attention, and is very highly spoken of. In Boston, he addressed the Boston Society for Medical Improvement on the same subject. There can be no doubt that the practical good sense of his remarks will have a powerful influence on the minds of medical men here, who have been heretofore far from unanimous in regarding this capital operation with approval.

In New York, Mr. Wells was socially entertained by Dr. Fordyce Barker, and in Boston Prof. D. H. Storer gave a number of his professional friends a similar opportunity of becoming personally acquainted with him.

We have received the first number of the *Medical Gazette*, the new medical weekly published in New York, and it makes a very creditable appearance. Its plan is a good one, and we hope it will succeed. The Editor is Dr. Leroy Milton Yale, Physician to the Out-patient Department of Bellevue Hospital.

Another great name is struck from the roll of French physicians. M. Rayer died on the 10th of September of meningeal apoplexy, with which he had been struck on the 8th. One of the most eminent of the survivors of Velpeau, in the words of Ricord, after all the losses which his countrymen have recently sustained they could hardly meet with a greater. At the time of his death he was President of the National Association of French Physicians. Gibert, Jobert, Trousseau, Follin, Velpeau, and now Rayer—what a gap a year has made among the leading medical names in France!

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, September 28th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	38	44	82
Ave. mortality of corresponding weeks for ten years, 1856—1866	45.2	40.7	85.9
Average corrected to increased population - - - - -	00	00	94.87
Deaths of persons above 90 - - - - - - - - -	0	0	0

Errata.—In the last number, page 179, line 19, instead of "extended" read *extruded*.—On page 172, line 5, for "(Sept. 15th)" read *(Sept. 19th)*.

Books Received.—A Dictionary of Medical Terminology, Dental Surgery, and the Collateral Sciences. By Chapin A. Harris, M.D., D.D.S. Third Edition.—Clinical Lectures on the Principles and Practice of Medicine. By John Hughes Bennett, M.D., F.R.S.E. Fifth American, from the Fourth London Edition.—A Biennial Retrospect of Medicine and Surgery and their Allied Sciences. By the New Sydenham Society. Lindsay & Blakiston's Philadelphia Edition.

Married,—In Newport, R. I., Sept. 6th, Wm. H. Traver, M.D., to Miss Delia E. Armington, both of Providence, R. I.

Died,—In Hebron, Conn., Sept. 13th, Dr. O. C. White, aged 64 years.

Deaths in Boston for the week ending Saturday noon, Sept. 28th, 82. Males, 38—Females, 44. Abscess, 1—accident, 1—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 3—inflammation of the brain, 2—bronchitis, 1—burns, 1—cancer, 1—cholera infantum, 10—cirrhosis, 1—consumption, 12—croup, 3—diarrhœa, 4—dropsy, 1—dropsy of the brain, 3—dysentery, 6—scarlet fever, 3—typhoid fever, 2—hæmorrhage, 1—disease of the heart, 4—infantile disease, 2—disease of the liver, 1—marasmus, 2—old age, 3—premature birth, 2—pyæmia, 1—scalded, 1—disease of the spine, 1—unknown, 6.

Under 5 years of age, 42—between 5 and 20 years, 9—between 20 and 40 years, 12—between 40 and 60 years, 10—above 60 years, 9. Born in the United States, 58—Ireland, 19—other places, 5.